

CHAPTER 18:

# DRUGS OF CHOICE

**Juvenile Probation Officer and Caseworker  
Self-Instructional Manual**

## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### BECOMING FAMILIAR WITH DRUGS USED BY JUVENILES

This chapter is designed to assist you in becoming familiar with the types of drugs juveniles are using, to identify effects, and to briefly discuss the risk to adolescents.

#### Highlights on Youth: 2008 National Survey on Drug Use and Health<sup>1</sup>

This survey was initiated in 1971 and is the primary source of information on the use of illicit drugs, alcohol, and tobacco by the civilian, noninstitutionalized population of the United States aged 12 years old or older. The survey interviews approximately 67,500 persons each year. There seems to be some encouraging trends—illicit drug use is declining, or at least not increasing—yet the use of illicit substances by youth remains an important public health issue.

<sup>1</sup>Substance Abuse and Mental Health Services Administration. (2009). *Results from the 2008 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### Drug Use by Youths Aged 12 to 17

- In 2008, 9.3 percent of youths were current illicit drug users: 6.7 percent used marijuana, 2.9 percent engaged in nonmedical use of prescription-type psychotherapeutics, 1.1 percent used inhalants, 1.0 percent used hallucinogens, and 0.4 percent used cocaine.
- The types of drugs used in the past month varied by age group. Among 12 or 13 year olds, 1.5 percent used prescription-type drugs nonmedically, 1.2 percent used inhalants, and 1.0 percent used marijuana. Among 14 or 15 year olds, marijuana was the most commonly used drug (5.7 percent), followed by prescription-type drugs used nonmedically (3.0 percent), inhalants (1.3 percent), and hallucinogens (1.0 percent).
- Marijuana also was the most commonly used drug among 16 or 17 year olds (12.7 percent); it was followed by prescription-type drugs used nonmedically (4.0 percent), hallucinogens (1.6 percent), cocaine (0.7 percent), and inhalants (0.7 percent).
- The overall rate of current illicit drug use remained stable from 2007 to 2008 among youths aged 12 to 17, as did the rates for most specific drugs, except for hallucinogens and the nonmedical use of psychotherapeutics. An increase was seen in the rate of hallucinogen use, driven in part by an increase in Ecstasy use from 0.3 to 0.4 percent.
- For illicit drug use overall, the rates declined from 11.6 percent in 2002, to 9.3 percent in 2008.
- The rate of current marijuana decreased from 8.2 percent in 2002 to 6.7 percent for 2006 through 2008. Significant declines also occurred between 2002 and 2008 for past year marijuana use (from 15.8 to 13.0 percent) and lifetime marijuana use (from 20.6 to 16.5 percent).



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### COMMONLY USED [ILLICIT] DRUGS AND THEIR EFFECTS

##### Alcohol

Alcohol is the most commonly used and widely abused psychoactive drug in the country. Alcohol is absorbed by the stomach, enters the bloodstream, and goes to all the tissues. The effects of alcohol are dependent on a variety of factors, including a person's size, weight, age, and sex, as well as the amount of food and alcohol consumed. The street names/slang terms for it is booze.

##### Cocaine and Crack

**Cocaine** hydrochloride is a central nervous system stimulant derived from the coca plant. Cocaine interferes with the reabsorption process of dopamine, a chemical messenger in the brain responsible for controlling pleasure, alertness, and movement. Many slang terms exist that refer to cocaine. The most common include coke, snow, white lady, soda, nose candy, blow, blizzard, caine, sleet, snow cone, sniff, blanco, cubes, devil drug, ready rock, moonrocks, freebase, crack, hail, pebbles, boulder, hell, chalk, kibbles n' bits, and casper.

**Crack Cocaine** is a form of freebase or "smokable" cocaine that has been processed with baking soda so that it can be smoked. Named after the crackling sound heard when heated, crack cocaine looks like white to tan pellets or chunks that resemble rock salt or soap. Crack is usually smoked in a pipe and can also be smoked with marijuana and tobacco products. The preparation of freebase cocaine, which involves the use of volatile solvents, can result in death or injury from fire or explosion.

Chronic use of cocaine can cause heart problems, permanent liver damage, nutritional deficiencies, and long-term changes in the brain, triggering intense craving for cocaine. In addition, research has shown that long-term cocaine use can compromise the immune system. Other effects are related to how cocaine is administered.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### HALLUCINOGENS

Hallucinogens or psychedelics are mind-altering drugs which affect the mind's perceptions, causing bizarre, unpredictable behavior, and severe sensory disturbances that may place users at risk of serious injuries or death. The combination of hallucinogens with other substances, like alcohol or marijuana, can increase the chances of adverse effects and risk of overdose as well.

Individuals may use hallucinogens for the mind-altering effects, the visions, and feelings of well-being. They may also seek the approval of their peers, stress reduction, or rebellion against authority. Some may use hallucinogens to achieve so-called states of heightened mental awareness.

#### LSD

LSD (lysergic acid diethylamid) is a potent hallucinogen derived from lysergic acid. Commonly referred to as "acid," a "hit" is found in the form of tablets, capsules, clear liquid, thin squares of gelatin, or colorful paper dipped in LSD that is licked. Although colorless and odorless, LSD has a slight bitter taste. "Blotter acid," which is absorbent paper soaked in LSD and sold as squares. Other slang terms for LSD include microdot, white lightning, blue heaven, windowpane, and sugar cubes.

#### PCP

Phencyclidine (PCP) is a dissociative anesthetic with hallucinogenic properties, previously used as an anesthetic in humans. The drug was also used as an animal tranquilizer, but discontinued in 1979. PCP can be found as a pure white, crystal-like powder, tablet, capsule, or bitter-tasting, clear liquid that is consumed orally, injected, sniffed, or smoked. PCP is often combined with marijuana and tobacco products. Some slang terms for PCP include angel dust, crystal, jet fuel, and cyclone.



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

**HALLUCINOGENS** (*continued*)

**Special K or Ketamine**

Ketamine (ketamine hydrochloride) is closely related to PCP and was also used in the past as a surgical anesthetic. Currently, Ketamine is used in veterinary medicine, and most supplies are diverted from legitimate sources. On the club scene, Ketamine can be found in liquid form or as a white powder that is snorted or smoked with marijuana or tobacco products. A combination of Ketamine and cocaine is called “CK.” Other slang terms are special K, vitamin K, new ecstasy, psychedelic heroin, ketalar, ketaject, and super-K. Users experience profound hallucinations and visual distortions similar to the effects of PCP. They call these effects “K-land.” A larger dose can produce a more frightening experience called a “K-hole” or an “out-of-body, near-death experience.” Users may also experience a loss of senses, sense of time, and identity which can last anywhere from 30 minutes to two hours. Ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, recurrent flashbacks, and potentially fatal respiratory problems.



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

**HALLUCINOGENS** (*continued*)

**Psilocybin Mushrooms**

Certain types of mushrooms contain hallucinogenic chemicals, psilocybin and psilocin. These mushrooms have a strong bitter taste and can be eaten or brewed into a tea for effects lasting six hours. Once ingested, mushrooms cause nausea and other physical symptoms before the desired hallucinogenic effects appear. Mushroom hunters run the danger of selecting poisonous mushrooms which can cause death or permanent liver damage within hours of ingestion. Some dealers sell edible mushrooms found at the grocery store laced with LSD or PCP as “magic mushrooms.” Psilocybin or psilocin mushrooms are Schedule 1 controlled substances with severe penalties for possession and use.



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

## **Other Hallucinogens**

Mescaline, morning glory seeds, jimson weed, and DMT are hallucinogens that are less common.

**Mescaline** is a hallucinogen that comes from the peyote cactus. Mescaline is usually smoked or swallowed in pill form.

**Morning Glory Seeds** are occasionally brewed into a tea or eaten. There have been some reports of teens drinking “gordo juice,” a combination of morning glory seeds and fruit juice to counteract the bitter taste of the seeds. The seeds can cause convulsions, gangrene, and adverse psychological effects.

**Jimson Weed** (Angel’s Trumpet) is a wild, poisonous weed that produces hallucinations and has caused deaths.

## **DMT**

N, N-DMT is a psychoactive chemical in the tryptamine family, which causes intense visuals and strong psychedelic mental affects when smoked, injected, snorted, or (when taken with an monoamine oxidase inhibitor (MAOI) such as haramaline) when swallowed orally. N, N-DMT is most often called just “DMT”.





## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### **Hallucinogens Physical Effects**

The effects of hallucinogens are widely unpredictable depending on the potency, dose, the user's mood, surroundings, and personality. The first effects may be felt within 30-90 minutes, and last 12 hours depending on the type and amount of drug taken. Individuals under the influence may have dilated pupils, increased heart rate and blood pressure, incoherent speech, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. Users that combine drugs or overdose can go into convulsions, coma, or experience heart and lung failure. They may even die.

#### **Hallucinogens Emotional Effects**

Hallucinogens have a profound effect on the mind by altering sensations and emotions. Users may feel several different emotions at once or experience dramatic mood swings. These drugs can cause sensory disturbances, such as delusions and hallucinations. They may also allow users to “hear” colors and “see” sounds. Users may even experience flashbacks up to a year thereafter, where they feel the drug's effects without taking more of the drug.



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

**OPIATES AND NARCOTICS**

**Heroin**

Heroin (diacetylmorphine) is the most abused, most rapidly acting of the opiates or narcotics. A derivative of the opium poppy, heroin was first synthesized as an alternative to morphine in 1874, but was banned in 1924 because of its highly addictive nature. The drug has profound effects on the brain by activating the pleasure centers, interfering with the brain's ability to feel pain, and depressing the central nervous system.

Pure heroin consists of a white powder with a bitter taste, but pure heroin is not commonly found on the street. Because of the presence of additives and impurities, most heroin consists of a white to dark brown powder. Heroin is often combined or "cut" with sugar, starch, powdered milk, quinine, and, less often, with strychnine, to reduce purity and create more heroin to sell.

Slang terms for heroin include big H, dr. feelgood, smack, horse, antifreeze, dirt, beast, mud, brown sugar, chiva, china white, Mexican brown, junk, black tar, beast, chase the dragon, monkey water, la buena, harry, and cotics.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### **Heroin** *(continued)*

Heroin is most often injected intravenously, also called “mainlining” for a quick and potent high, but there is a rising segment of young users who sniff, snort, and smoke heroin to avoid the dangers of using needles. Heroin that is smoked is known as “chasing the dragon.” The drug is often used in combination with other illicit drugs, especially cocaine/crack, benzodiazepines (valium), and alcohol. Some users snort alternate lines of heroin and cocaine, known as “crisscrossing,” or inject the two drugs as a “speedball.” There are also reports of users sniffing liquefied heroin intra nasally by using a nasal spray bottle, a practice known as “shabanging.”

#### **Heroin is Addictive**

The onset of addiction is rapid and severe no matter which method is used to consume heroin. Even “recreational users” who limit their use to weekends are not immune from the threat of addiction. Abusers may lose interest in daily activities and report loss of energy and boredom. They may have a hard time limiting their use, may build a tolerance to the drug requiring larger amounts of the drug to get the same effect, and may develop problems with their jobs and personal relationships.

#### **OxyContin**

OxyContin is a by-prescription-only drug that contains oxycodone, a very strong narcotic pain reliever similar to morphine. OxyContin is designed so that the oxycodone is slowly released over time, allowing it to be used twice daily. OxyContin is only intended for moderate to severe pain that is present on a daily basis and that requires a very strong pain reliever.



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

**STIMULANTS**

**Methamphetamine**

Methamphetamine is an addictive stimulant drug that strongly activates certain systems in the brain. Methamphetamine is closely related to amphetamine, but the central nervous system effects of methamphetamine are greater.

Methamphetamine is made in illegal laboratories and has a high potential for abuse and addiction. It is known as meth, and chalk. Methamphetamine hydrochloride, clear chunky crystals resembling ice, which can be inhaled by smoking, is referred to as ice, crystal, glass, and tina.

Even in small doses, methamphetamine can increase wakefulness and physical activity and decrease appetite. A brief, intense sensation, or rush, is reported by those who smoke or inject methamphetamine. Oral ingestion or snorting produces a long-lasting high instead of a rush, which reportedly can continue for as long as half a day. Both the rush and the high are believed to result from the release of very high levels of the neurotransmitter dopamine into areas of the brain that regulate feelings of pleasure.



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

**Methamphetamine** *(continued)*

Long-term methamphetamine abuse results in many damaging effects, including addiction. Addiction is a chronic, relapsing disease, characterized by compulsive drug-seeking and drug use which is accompanied by functional and molecular changes in the brain. In addition to being addicted to methamphetamine, chronic methamphetamine abusers exhibit symptoms that can include violent behavior, anxiety, confusion, and insomnia. They also can display a number of psychotic features, including paranoia, auditory hallucinations, mood disturbances, and delusions (for example, the sensation of insects creeping on the skin, which is called “formication”). The paranoia can result in homicidal as well as suicidal thoughts.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### ANABOLIC STEROIDS

##### Steroids

Anabolic androgenic steroids are synthetic derivatives of the male hormone testosterone that are taken to build muscle, enhance performance, and improve appearance. The drug's anabolic or "muscle-building" effects help the body retain protein, a necessary building block for the growth of muscles, bones, and skin. The androgenic or "masculinizing" effects, cause the development of a deep voice, facial and body hair, muscle mass, and aggressiveness. Unfortunately, steroid abusers risk a variety of unwanted side effects, some of which are irreversible. Another significant danger includes HIV infection if needles are shared.

Some common trade names of anabolic androgenic steroids include: anatrofin, anaxvar, annadrol, bolasterone, decadiabolin, decadurabolin, dehydropiandrosterone (DHEA), delatesteryl, dianiabol, dihydrolone, durabolin, dymethazine, enoltestovis, equipose, gamma hydroxybutylate, maxibolin, methatriol, methyltestosterone, parabolin, primobolin, quinolone, therabolin, trophobolene, and winstrol. Slang terms include gym candy, pumpers, stackers, A's, anabolics, arnolds, bolins, GHB, oxys, anabols, balls or bulls, delatesteryl, maxibolin, weight trainers, arnies, dep-testosterone, methyltestosterone, rhoids, and juice.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### **Steroids** *(continued)*

The majority of steroid users tend to be young, male athletes, although steroid use is not limited to bodybuilders and football players alone. Increasing evidence shows that athletes in endurance sports such as swimming, running, and cycling use steroids. Adolescents may use them to quicken the onset of puberty and maturation, plus male and female models may take them to improve their body image. Those in certain, physically demanding occupations, like law enforcement, bouncers, or military personnel may use steroids to build strength.

Steroid abuse can have profound effects on the mind, causing temporary personality changes in some. Users may exhibit uncontrolled aggression and violent behavior called “roid rage,” in addition to severe mood swings, manic episodes, and depression. Moreover, users may suffer paranoid jealousy, extreme irritability, delusions, and impaired judgment from feelings of invincibility. During periods when they do not use, chronic users may experience withdrawal symptoms that intensify the psychological effects.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### CLUB DRUGS

Tobacco and alcohol are the most common substances found on the club scene. Other substances such as ecstasy, herbal ecstasy, rohypnol, GHB, ketamine, and LSD have gained popularity with young people in recent years. Typically, night clubs, bars, parties, and “raves” attract teenagers, college students, and young adults who may risk their health in the interest of a good time. These club drugs are attractive to youth for their cheap, intoxicating highs, which they mistakenly believe are safe. Unfortunately, most partygoers do not realize the dangers of using club drugs. Once more, combinations of any of these drugs with alcohol can lead to unexpected adverse reactions and death.

#### Ecstasy (MDMA)

Ecstasy or MDMA (methylenedioxymethamphetamine) is a stimulant that combines the properties of methamphetamine or “speed” with mind-altering or hallucinogenic properties. Considered the most commonly used designer drug, ecstasy is a close derivative of methamphetamine and can be described as a hallucinogenic stimulant. Designer drugs are illicit variations of other drugs. Because of many different recipes used to manufacture ecstasy, deaths have been caused by some other substances inadvertently created during production, such as PMA (paramethamphetamine).





JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

**Ecstasy (MDMA)** *(continued)*

Ecstasy was banned in 1985, and is currently classified as a Schedule 1 substance. MDMA is a stimulant whose psychedelic effects can last between four and six hours and it is usually taken orally in pill form. The psychological effects of MDMA include confusion, depression, anxiety, sleeplessness, drug craving, and paranoia. Adverse physical effects include muscle tension, involuntary teeth clenching, nausea, blurred vision, feeling faint, tremors, rapid eye movement, and sweating or chills. Research shows that MDMA causes damage to the parts of the brain that are critical to thought and memory. MDMA increases the activity levels of neurotransmitters such as serotonin, dopamine, and norepinephrine. The drug causes the release of the neurotransmitters from their storage sites, which increases brain activity. By releasing large amounts of the neurotransmitters and also interfering with neurotransmitter synthesis, MDMA causes a significant depletion in the neurotransmitters. It takes the brain a significant length of time to rebuild the amount of serotonin and other neurotransmitters needed to perform important functions.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### Herbal Ecstasy

Although not currently classified as a controlled substance, herbal ecstasy is a drug composed of ephedrine (ma huang) or pseudoephedrine and caffeine (kola nut), stimulants that closely simulate the effects of ecstasy. Sold in tablet form, herbal ecstasy is known as cloud 9, herbal bliss, ritual spirit, herbal X, GWM, rave energy, ultimate xphoria, and X. There is no quality control over the manufacture of these products, and problems arise because the amounts of ephedrine and caffeine in the pills vary widely. Over 800 reports of adverse reactions such as high blood pressure, seizures, heart attacks, strokes, and death have been reported to federal authorities. Because of these reactions, the Food and Drug Administration (FDA) is considering placing restrictions on the drug.



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

## **Rohypnol**

Rohypnol (flunitrazepam) is a strong sedative. A member of the benzodiazepine family which includes drugs such as librium, xanax, and valium, rohypnol is about ten times the strength of valium. Slang terms for rohypnol include roach, roche (ro-shay), roofies, run-trip-and-fall, R-2, Mexican valium, ropynol, rib, and rope. To be under the influence of rohypnol is “to get roached.” Rohypnol is illegal in the United States, and it can draw significant penalties for the possession and sale of the drug.

After taking rohypnol, the user may feel intoxicated, then sleepy—a feeling that may last up to eight hours. Users under the influence may exhibit slurred speech, impaired judgment, and difficulty walking. Rohypnol can cause deep sedation, respiratory distress, blackouts that can last up to 24 hours, and amnesia where users forget events. In some cases, the drug has paradoxical effects and causes users to become aggressive. The potential for overdose or death can occur, especially when mixed with other drugs like alcohol.



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

## **GHB**

GHB (gamma-hydroxybutyrate) was once sold in health food stores as a performance enhancing additive to body builder formulas. Although rumored that GHB stimulates muscle growth, this claim has never been proven. GHB is a central nervous system depressant that is abused for its intoxicating effects. In 1990, the FDA banned the use of GHB except under the supervision of a physician because of many reports of severe, uncontrollable side effects. Slang terms for GHB include grievous bodily harm, easy lay, gook, gamma 10, liquid X, liquid E, liquid G, georgia home boy, soap, scoop, salty water, somatomax, g-riffick, cherry meth, fantasy, organic quaalude, nature's quaalude, and zonked.

GHB is consumed orally in capsule form or as a grainy, white to sandy-colored powder. Powdered GHB is often dissolved in liquids like water or alcoholic beverages and then consumed. However, it is most frequently sold as a slightly salty, clear liquid in small bottles where users pay by the capful or by the teaspoon. Most GHB is created in clandestine laboratories where purity and quality cannot be guaranteed. Often substituted for Ecstasy, another club drug, a capful may cost the user \$3 to \$5 per dose. GHB is also used as a sedative to come down off stimulants like ephedrine, Ecstasy, speed, or cocaine.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### GHB (*continued*)

GHB produces intoxication followed by deep sedation. Once ingested, the drug will begin to take effect in 15 minutes to an hour, lasting one to three hours. GHB can cause nausea, vomiting, delusions, depression, vertigo, visual disturbances, seizures, respiratory distress, loss of consciousness, amnesia, and coma. When combined with alcohol and other drugs, the potential for deadly overdoses escalates rapidly. Numerous overdoses nationwide have required emergency room treatment and mechanical assistance to breathe.

#### Benzylpiperazine

Benzylpiperazine (BZP), also known as frenzy or nemesis, is a recreational drug with euphoric, stimulant properties. The effects produced by BZP are comparable to those produced by amphetamine. Adverse effects have been reported following its use including acute psychosis, renal toxicity, and seizures. No deaths have been reported following a sole ingestion of BZP, although there have been at least two deaths from the combination of BZP and MDMA. Its sale is banned in a few countries, including Australia, New Zealand, the United States, Ireland, the United Kingdom, Romania and other parts of Europe. However, its legal status is currently less restrictive in some other countries such as Canada, so it is now slowly migrating into the southeast part of Michigan.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### INHALANTS

An estimated 1,000 substances are commonly misused as inhalants. Inhalants comprise three classes of abused substances with volatile solvents constituting the most prolific group of inhalants.

**Volatile Solvents:** Correction fluid, spray paint, glue, rubber cement, spray shoe polish, carburetor cleaners, paint thinner, nail polish remover, lighter fluid, gasoline, and hair spray.

**Gases:** Chloroform, ether, helium, freon (refrigerant), whippets (nitrous oxide), and nitrous oxide (laughing gas). The propellant used in vegetable cooking spray and whipping cream spray is also inhaled.

**Nitrites:** Amyl nitrite and butyl nitrite. So-called room deodorizers such as locker room, rush, bolt, climax, and poppers contain nitrites. Unlike other inhalants, nitrites are used most often recreationally on the night club scene.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### **The Typical Inhalant User**

The majority of inhalant users tend to be young preteens in the seventh and eighth grades. Older adolescents are associated with the abuse of nitrates, such as poppers and locker room, primarily on the club drug scene. It is important to remember that inhalant abusers permeate all ethnic groups, genders, and all socio-economic groups throughout the country.

Inhalants are readily available, inexpensive, and easy to conceal. Individuals may use inhalants for the euphoric effects, for fast and multiple “highs,” for the approval of peers, to reduce stress, or to rebel against authority with dangerous consequences.

Inhalants are sniffed, snorted, and bagged (where inhalants are sprayed or spilled into a bag to concentrate the fumes). Users also “huff” chemicals by breathing through their mouths. Inhalant users can spray or dip chemicals onto a sock, rag, or toilet paper to breathe the fumes, breathe them directly from an easily concealed container, or pour the chemical in a plastic bag to be held over the mouth and nose.

Most inhalants are central nervous system depressants which cause an intoxicating high very similar to alcohol intoxication. An inhalant “high” may last anywhere from 15 to 45 minutes, with effects lasting one to two hours.



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

**Sudden Sniffing Death Syndrome (SSDS)**

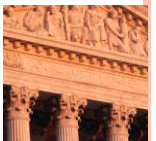
**Sudden Sniffing Death Syndrome** is frequently associated with sniffing model airplane cement, correction fluid, or spot removers, and can occur when users inhale chemicals deeply, then engage in strenuous physical activity or become alarmed. SSDS does not discriminate among casual users, it has been documented in first-time and chronic users.

Chronic long-term use of inhalants can cause addiction, fatigue, weight loss, and dangerous nutritional imbalances. Inhalants are poisons which are readily absorbed into blood-rich, vital organs where they cause long lasting damage.

**Respiratory System:** Inhalants can cause damage to lung tissue when pressurized aerosols are inhaled or sprayed directly into the mouth or nose.

**Brain Damage:** Long term, heavy inhalant use is toxic to brain cells.

**Vital Organs:** Prolonged heavy use of inhalants can permanently damage the liver, cause rapid and irregular heart beats and even heart failure. Inhalants also impair the kidneys, blood, and bone marrow, resulting in damage to the immune system.





JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

**MARIJUANA**

Marijuana is a green, brown, or gray mixture of dried, shredded flowers and leaves of the hemp plant (*Cannabis sativa*). There are over 200 slang terms for marijuana, including pot, weed, grass, hay, herb, cannabis, dobie, ganja, indica, loco weed, seeds, spliff, thaistick, whackytack, doobie, homegrown, leaf, mary jane, reefer, fir, sinsemilla, stems, twigs, amp, buddha, gold, bush, maui-wowie.

The main ingredient in marijuana is tetrahydrocannabinol (THC). The amount of THC in the marijuana determines how strong its effects will be on the user. The strength of today's marijuana is much greater than the marijuana used in the early 1970's — increasing the possibilities of health problems for today's users.

Hashish (or hash), hash oil, and sinsemilla are stronger forms of marijuana. Hashish is made by taking the resin from the leaves and flowers of the marijuana plant and pressing it into cakes or slabs. Hash may contain five to ten times as much THC as other forms of marijuana.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### MARIJUANA (*continued*)

Marijuana is usually smoked as a cigarette, called a joint, or in a pipe or bong. Sometimes, it will appear in hollowed-out cigars called “blunts” or “swishers” which are more dangerous because they contain the equivalent of three to four joints. Some immediate physical effects of marijuana, along with euphoria, include red, bloodshot eyes, confusion and anxiety, loss of coordination, increased appetite, hallucinations, and a dry mouth and throat. Someone high on marijuana may seem giggly or silly for no reason and have trouble walking. Studies of marijuana’s mental effects show that the drug can impair or reduce short-term memory, alter sense of time, and reduce ability to do things which require concentration, swift reactions, and coordination.

A common adverse reaction to marijuana is the “acute panic anxiety reaction”; an extreme fear of losing control causing panic. The symptoms usually disappear in a few hours.

Long-term regular users of marijuana may become dependent or addicted. Problem users lose interest in daily activities and report loss of energy and boredom. They may have a hard time limiting their use, may build a tolerance to the drug requiring larger amounts of the drug to get the same effect, and may develop problems with their jobs and personal relationships. Like other drug addictions, marijuana can become the most important aspect of their lives.



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

**Long-Term Effects of Marijuana Use**

**Respiratory System:** Marijuana can be especially harmful to the lungs because hold the smoke in their lungs as long as possible. Marijuana smoke can cause the same breathing problems that tobacco users experience, including bronchitis/emphysema.

**Cancer:** Marijuana smoke contains more cancer-causing agents than is found in tobacco smoke. In fact, studies show that someone who smokes five joints per week may be taking in as many cancer-causing chemicals as someone who smokes a full pack of cigarettes every day.

**Reproductive system:** Heavy use of marijuana can affect male and female hormones, diminish or extinguish sexual pleasure, and cause a temporary loss in fertility. Among other symptoms, women may have irregular menstrual cycles, and young men may experience the delayed onset of puberty.

**Immune System:** Animal studies have found that THC can damage the cells and tissues that help guard against disease.



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

**Dextromathorphan (DXM)**

DXM is an over-the-counter (OTC) drug in a class of drugs known as “dissociative anesthetics.” Many of these have powerful psychedelic effects at sufficiently high doses. Coincidentally, Dextromethorphan also suppresses the cough reflex. This is why a powerful psychedelic is sold legally OTC in pharmacies and grocery stores throughout the U.S., and many foreign countries. About the only reason DXM isn’t a prescription controlled substance is that the only real alternative drugs for cough suppression are the opiates/opioids. Relatively few find dextromethorphan appealing recreationally. According to William White’s data, one-third of all who ever try DXM recreationally hate the effects, one-third are indifferent and feel there are better drugs to have fun with, and only one-third actually enjoy dextromethorphan enough to use it repeatedly. DXM’s recreational use is relatively low.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### RAVE PARTIES

The common view of club drugs is that they are not hard core; that they are harmless and just fun party drugs. Along with this overall view is a new movement that is called “The Rave Culture”. The culture, along with groups on the internet, such as Dance Safe, is trying to make club drug use mainstream, similar to the use of alcohol or tobacco. A true “raver” feels hard drug use, or alcohol, is square. Loud music (the raver wants to “feel” rather than “hear”, the music), glow sticks (to intensify the hallucinogenic effects and to chew on), and looped video (it helps participants “chill out” or “come down” from their ecstasy high) are standard. Rave party participants are often found chewing on “pacifiers” or their “glow sticks” for oral satisfaction (to prevent the bruxing/grinding of teeth, which is a side-effect of ecstasy, along with an exaggerated sense of touch). Also, strobe lights are used to enhance the drug’s effect.



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

## **Underground Raves**

Underground raves are usually advertised by word-of-mouth, on the internet, by e-mail, on a small multi-colored card (J9 card) or just a black-and-white flyer with the date and information about the DJ's at the event. For any other information, one must call the phone number listed on the card. They advertise that there are NO drugs, NO alcohol and NO attitude (just what a parent wants to see).

When the provided number is called, they describe the DJ that will spin vinyl or discs and tell you in a coded message that drugs will be allowed. For example: "All you speaker freakers, speaker tweakers, get your stacks together, get ready to sweat, puppy piles and puppy hugs abound. A chill room will be provided." It's necessary to call back on the night of the rave, then the caller is given directions to a building—never an address. Occasionally, convoluted directions such as: "go to a car parked in a certain parking lot with glow sticks in it and pick up your directions to the party."



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

**Underground Raves** *(continued)*

Underground clubs have heavy drug use! Even though people will profess they are not taking drugs at the party, they are highly susceptible to having drugs dropped in their drinks or food. The availability of any type of drug for “combo-ing” (the use of many drugs together) is done quite often.

The chances of sexual assault are also heightened. A drug induced participant (typically female) can be the victim of sexual assault without realizing it has taken place until they come down from their high. Other dangers include fire code violations, overcrowding, sanitation, robbery, theft, and unsafe buildings. The age at an underground rave can start as young as 11 years old! Searches of persons at the door are for weapons, not drugs.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### **Fundraiser or CD Release Parties**

These are just other names for underground rave parties; usually held in rented halls, private clubs, art galleries, or fairgrounds.

#### **Invitation-Only Parties**

An invitation-only party consists of smaller, more controlled, groups of people. Flyers are usually handed-out at local clubs, schools, or via chat-rooms. These parties draw a select group of attendees, with the intention of drug and alcohol use. It is necessary to call for the location, leave your name and number and the promoter will return your call.

#### **Dance Parties**

Dance parties are held in private clubs and halls. These locations are rented by adults or parents who feel the establishment (schools or other organizations) are too restrictive. It is not uncommon to have 12 to 23 year olds at the same party and virtually no adult supervision.

#### **Goth or Gothic Movement**

The rave has entered this realm of “anything goes” erotic attire, S&M, and open sex are not unusual.

#### **The Techno Dance Clubs**

Techno dance clubs are legal and licensed venues. These clubs are at a single location that is used repeatedly. They very often openly advertise that drugs and/or alcohol are strictly forbidden. There is drug use, but it is not as extensive as at an underground rave. The music is often broadcast over the radio. The use of drugs is probable when references are made to: puppy piles, loving hug, and a group circle or hug group sandwich, are made.





## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### ASSESSMENT AND SCREENING

It is a common condition of probation, especially for youth with drug/alcohol offenses and those participating in drug treatment courts, to be required to undergo drug testing. While most youth are open and honest in regards to their participation in drug testing, some may try to adulterate and/or otherwise circumvent the process. As a probation officer, you should know something about drug assessment, screening, and testing.

Typically, an assessment is conducted in a two to three hour procedure, although this can vary. In most cases, assessment involves a combination of clinical interview, personal history taking, biological testing, and paper-and-pencil testing. Depending on the methods used, the assessment may require more than one session. Assessment has a number of specific goals and purposes:

- To determine the extent and severity of the alcohol and other drug (AOD) abuse problem;
- To determine the client's level of maturation and readiness for treatment;
- To ascertain concomitant problems such as mental illness;
- To determine the type of intervention that will be necessary to address the problems;
- To evaluate the resources the client can muster to help solve the problem. Typical resources include family support, social support, educational and vocational attainment, and personal qualities such as motivation that the client brings to treatment; and
- To engage the client in the treatment process.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### Conducting the Assessment

Assessment can be done by an independent assessment group or by the same professionals who will be providing treatment, if it is determined that the type of intervention they provide is appropriate for the particular client. The assessor should be a qualified human services professional with demonstrated competence in AOD programs, such as an addiction counselor, a licensed social worker, or other trained clinician. A credentialed and/or certified alcoholism, substance abuse, or chemical dependency counselor should be available. It is desirable that each individual assessor work in a licensed or certified setting to ensure that there are adequate resources and a multidisciplinary approach. Ongoing training and supervision are critical to ensure the skill level and accountability of the service providers. For more information on credentialing, you may contact the Michigan Certification Board for Addiction Professionals (MCBAP). Their website is: [www.mcbap.com](http://www.mcbap.com).



## **Components of Assessment**

The assessment process should include a broad variety of components that will yield an evaluation of the client that is as comprehensive and holistic as possible. The assessment should provide the information required to recommend the most appropriate course of treatment. Areas that should be addressed in the assessment include:

- Archival data on the client, including—but not limited to—prior apprehensions and contacts with the juvenile justice system, as well as previous assessments and treatment records;
- Patterns of AOD use;
- Impact of AOD abuse on major life areas such as, family, school/employment record, and self-concept, peer relationships;
- Risk factors for continued AOD abuse, such as family history of AOD abuse and social problems;
- Available health and medical findings, including emergency medical needs;
- Psychological test findings;
- Educational and vocational background;
- Suicide, health, or other crisis risk appraisal;
- Client motivation and readiness for treatment;



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

**Components of Assessment** *(continued)*

- Client attitudes and behavior during assessment;
- Tolerance (high tolerance suggests that a client has a history of heavy drinking or drug use);
- History of physical withdrawal symptoms;
- Episodes of uncontrolled drug or alcohol use, binges, or overdoses;
- Use of AODs for “self-medication” of painful and unpleasant emotions;
- Attempts to hide use;
- Physical signs of drug use, such as needle track marks, emaciation, and alcohol odor;
- Positive drug test results;
- History of attempts to quit AOD use;
- Family functioning relative to AOD abuse;
- History and onset of drug use;
- Drug use behavior (e.g., Does the client use drugs alone? For sex? To go to school or work?); and
- Method of administration, including injection, snorting, smoking, or drinking.



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

**As a Probation Officer, or Caseworker: Some Recommended Areas to Assess in Individuals Presenting for Treatment of Alcohol or Other Drug Problems**

- Specific quantities of alcohol or other drugs used, and the frequency of their use;
- Predominant mood states and situations preceding and after substance use;
- Usual and unusual substance use circumstances and patterns;
- Medical problems associated with, or exacerbated by, substance use;
- Identification of possible difficulties the individual might have in initially refraining from substance use;
- Extent and severity of previous substance use problems;
- Multiple drug use;
- Reports of frequent thoughts or urges to drink or take drugs;
- History of previous responses to alcohol or other drug treatment and self-initiated periods of abstinence;
- Review of the positive consequences of substance use;
- Other life problems;
- Indicators of tolerance to alcohol or other drugs;
- Past or present indicators of liver disorder; and
- Risks (for alcohol use) associated with considering a “nonabstinent” treatment goal.

Adapted from Sobell, Sobell and Nirenberg (1988, pp23-26); Sobell, Toneatto, and Sobell (1994); and Maisto, O'Farrell, Worthern and Walitzer (1993)



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### Assessment Instruments

There are literally hundreds of assessment instruments designed as standardized tools to help the clinician in formulate a clinical impression. Instruments provide another data source for the assessor to use in evaluating the client. Their results should be used in conjunction with good clinical judgment. There is no single litmus test applicable to all situations and all clients. It is recommended that practitioners review available instruments, and then use, combine, and/or adapt them to suit their own and planning needs.

Instruments include:

- The Teen Addiction Severity Index (T-ASI),
- The Wisconsin Uniform Substance Abuse Screening Battery (WUSASB),
- Adolescent Alcohol Involvement Scale (AAIS),
- Adolescent Diagnostic Interview (ADI), and
- Adolescent Drinking Index (ADI).



JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL  
**CHAPTER 18: DRUGS OF CHOICE**

**DRUG TESTING**

**Biological Testing**

Biological tests can be valuable instruments to determine AOD use, especially when such use is denied by the client. Urinalysis, breathalyzer tests, blood tests, and all other available physical tests should be considered when AOD use is not self-reported. The most objective tools for measuring progress are urine and blood tests for the presence of AODs.



## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### TREATMENT

The treatment plan, developed as an important component of the clinical assessment, is reviewed, assessed, updated, and revised throughout the course of treatment. Ideally, the plan is adapted as intermediate goals are met successfully. Then, at the end of a successful process, the treatment plan evolves into a discharge plan. All treatment plans should address specific substantive issues. Among these are:

- Employment, vocational, and educational needs;
- Housing in an environment that is free from AODs;
- The juvenile's and his/her family's strengths;
- Medical and psychological concerns;
- Recovery support;
- Self-esteem development;
- Relapse prevention;
- Stress management;
- Self-help resources; and
- Abstinence or reduced AOD use.





## JUVENILE PROBATION OFFICER AND CASEWORKER SELF-INSTRUCTIONAL MANUAL

### CHAPTER 18: DRUGS OF CHOICE

#### RESOURCES

##### **Who Should I Contact if Someone on My Caseload has a Problem with Drugs?**

Contact your local Council on Alcohol and Drug Abuse for referral assistance. You may also contact a family physician, hospital, or yellow pages for other intervention and treatment options.

The local public library and other sources can be found in the yellow and blue pages of your phone book under “drug abuse.”

Access reliable information instantly from the Internet from the following sites:

- The National Clearinghouse on Alcohol and Drug Abuse’s home page has information on marijuana and other substances of abuse: <http://www.health.org>.
- The National Institute on Drug and Abuse has national statistics and the latest research findings available. <http://www.nida.nih.gov>.
- The Partnership for a Drug-Free America has a drug database to help parents identify specific drugs, their effects, and drug paraphernalia.  
<http://www.drugfreeamerica.org>.
- The Office of National Drug Control Policy publishes drug fact sheets and other information. <http://www.whitehousedrugpolicy.gov>.

